

ICS 208 - Site Safety Plan

Version Name: 11/28/2019- TPC Staging Update 2

Incident Name: South 4 Group Fire

Period: Initial Response [11/29/2019 06:00 - 11/30/2019 06:00]

Applies to Site: Staging - Gate 15

Site Characterization

Water	Land	Weather
Wave Height	Land Use	Air Temp 72 Fahrenheit
Speed		Wind Speed 15 mph
Direction		Direction NNE

Site Hazards

Yes	No	Hazards	Yes	No	Hazards	Yes	No	Hazards
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boat Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire, Explosion, In-situ Burning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pump Hose
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Stress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slips, Trips, and Falls
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cold Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Helicopter Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steam and Hot Water
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trenching/Excavation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drum Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Motor Vehicles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UV Radiation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visibility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overhead/Buried Utilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weather
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plants/Wildlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Near Water

Air Monitoring Limits

Oxygen Level		1,3-Butadiene	0.5ppm 5 min	Nitrogen Dioxide	0.2ppm 5 min
LEL	1% 1 min	Butane	500ppm 5min	Particulate Matter	351ug/m3 5 min
Hydrogen Sulfide		Carbon Dioxide	5000ppm 5 min	Total VOC	5ppm 5min
Benzene		Carbon Monoxide	25ppm 5min		
Total Hydrocarbons		LEL ACTION	5% 1 min		

Engineering Controls

<input type="checkbox"/> Source of release secured	<input type="checkbox"/> Valve(s) closed	<input type="checkbox"/> Energy sources locked/tagged out
<input checked="" type="checkbox"/> Site secured	<input checked="" type="checkbox"/> Facility shut down	

Personal Protective Equipment Required

<input type="checkbox"/> Impervious suit	<input checked="" type="checkbox"/> Hard hats	<input checked="" type="checkbox"/> Boots
<input type="checkbox"/> Inner gloves	<input checked="" type="checkbox"/> Respirators	<input checked="" type="checkbox"/> SCBA - Fresh Air
<input checked="" type="checkbox"/> Outer gloves	<input checked="" type="checkbox"/> Eye protection	
<input checked="" type="checkbox"/> Flame resistant clothing	<input type="checkbox"/> Personal flotation	

Additional Control Measures Established

<input checked="" type="checkbox"/> Decontamination	<input checked="" type="checkbox"/> Illumination	<input type="checkbox"/> Additional stations established
<input checked="" type="checkbox"/> Sanitation	<input type="checkbox"/> Medical surveillance	<input checked="" type="checkbox"/> Facilities provided

Work Plan

<input type="checkbox"/> Booming	<input type="checkbox"/> Excavation	<input type="checkbox"/> Hot work
<input type="checkbox"/> Skimming	<input checked="" type="checkbox"/> Heavy equipment	<input type="checkbox"/> Appropriate permits used
<input type="checkbox"/> Vac trucks	<input type="checkbox"/> Sorbent pads	
<input type="checkbox"/> Pumping	<input type="checkbox"/> Patching	

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Training

- ☒ Verified site workers trained per local/federal regulatory requirements

Training Requirements

Annual Emergency Response Training

Organization

Position	Name	Telephone/Radio	Position	Name	Telephone/Radio
Incident Commander	McDonald, Scott		Operations Section Chief	Lynn, Gordon	281-608-4051
Safety Officer	Clifton, Chrissy				

Emergency Plan

- ☐ Fire Prevention Plan
- ☒ Evacuation Plan
- ☐ Alarm System
- ☒ First Aid Location

Notifications

Facility	Phone	Facility	Phone
<input checked="" type="checkbox"/> Hospital	Medical Center of SETX 409-853-5900	<input checked="" type="checkbox"/> Fire	Port Neches Fire Department 409-853-5900
<input checked="" type="checkbox"/> Ambulance	Acadian Ambulance 800-2591111	<input type="checkbox"/> Law Enforcement	
<input checked="" type="checkbox"/> Air Ambulance	Southeast Texas Air Rescue	<input type="checkbox"/> Emergency Response/Rescue	

Initial Briefing

- ☐ Initial safety briefing prepared for each site

EDA OSC Philip Rouse



SOSC, TPC Tina Tran



TPC EOC Manager



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